

RENEWAL REIMBURSEMENT - FORM A

PLEASE RETURN FORM TO
MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
Water and Wastewater Operator Certification
1520 East Sixth Avenue, P O Box 200901, Helena, MT 59620-0901

OPERATOR INFORMATION:

OP NUMBER _____ OP NAME _____ Phone # _____

Address _____ City _____ Zip Code _____

SYSTEM INFORMATION:

PWSID # _____ NAME _____ Phone # _____

Address _____ City _____ Zip Code _____

Amount Paid for Water Renewal Certificate _____ Date Paid _____

A Tax ID or Social Security # MUST be provided below for the person or entity receiving the reimbursement. Only the person or entity that paid the renewal fees will be reimbursed for them.

Person/Entity That Paid for the Renewal _____ Social Security/Tax ID _____
(Please Print)

Address to Mail Renewal Reimbursement _____

Operator Signature _____ Date _____

Signature of Employer/System Owner _____ Date _____

THIS BOX FOR OFFICE USE ONLY:

Invoice #

Date

_____ Operator Status

_____ 'C' or 'NTNC'

_____ 3,300 or less people

_____ Tax ID or Social Security #

_____ Expenses for three or fewer operators for each system

_____ CEC requirement met

Checked By _____